

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-10-02

* 01-348

William D Silva

Law Offices of William D Silva

5335 Wisconsin Avenue, N.W.

Suite 400

Washington, DC 20015-

2. Article Number (Copy from service label)

0023 0071 2696

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12/17/02C. Signature W D Silva ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, print delivery address below3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ YesDOCKET NO. 01-348CERTIFIED
MAIL

RETURN RECEIPT REQUESTED

NAME

William D. Silva

Law Offices of William D. Silva

5335 Wisconsin Avenue, N.W.

Suite 400

Washington, DC 20015-

C. R. R. NO.

BY _____

ORDER DATED <u>12-10-02</u>
FCC <u>09M-111</u>
MIMEOGRAPH NO. MIMEOGRAPH NO.

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage \$	<u>37</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	<u>4.42</u>
Name (Please Print Clearly) (to be completed by mailer) <u>WILLIAM D. SILVA</u>	
Street, Apt. No., or PO Box No. <u>5335 WISCONSIN AVENUE, N.W.</u>	
City, State, ZIP+4 <u>WASHINGTON, DC 20015</u>	

7000 0600 0023 0771 2696

PS Form 3800, July 1999 See Reverse for Instructions